

(FOR LFMS USE)
INFORMATION FROM LTS

BETWEEN:

License Fee Management Branch, ARM
and
Regional Licensing Sections

Program Code: _____
Status Code: 3
Fee Category: _____
Exp. Date: 0
Fee Comments: _____
Decom Fin Assur Req'd: _____
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LICENSE FEE TRANSMITTAL

A. REGION

1. APPLICATION ATTACHED
Applicant/Licensee: STARHEALTH MULTI-SPECIALTY GROUP, PC
Received Date: 20060404
Docket No: 3037193
Control No.: 315352
License No: _____
Action Type: New Licensee

matu-06

2. FEE ATTACHED
Amount: \$2300.00
Check No.: 1190

3. COMMENTS

Signed *D. A. Hersey*
Date *4-14-2006*

B. LICENSE FEE MANAGEMENT BRANCH (Check when milestone 03 is entered /)

1. Fee Category and Amount: *See attached for sheet*

2. Correct Fee Paid. Application may be processed for:
Amendment _____
Renewal _____
License _____

3. OTHER _____

Signed _____
Date _____

FEE INFORMATION

Log Page: Apr 2 (Region III)

Mail Control: 315352

Company Name: Starhealth Multi-Speciality Group, PC

Check Number: 1190

Amount Received: \$2,300.00

Amount Due: \$2,100.00

Amount Refunded: \$200.00 (application overpayment)

Type of fee: Application

Date Completed: 05/17/06

Completed by: Brenda Brown

R7